

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: LIVING HOPE (0008804)

Address: 1213 W MAIN ST, TWIN LAKES, WI 53181

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095656 **End Date:** 09/29/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0093414 End Date: 09/23/2004 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008751 Served 10/08/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(1)(a)	LIMITATIONS ON ADMISSIONS AND RETENTION	09/29/2005	Yes
83.07(2)(a)	PROGRAM STATEMENT CONTENT	09/29/2005	Yes
83.11(3)(a)	RESPONSIBILITIES	09/29/2005	Yes
83.14(1)(a)	CLIENT RELATED TRAINING	09/29/2005	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	09/29/2005	Yes
83.14(7)(b)	CONTINUING EDUCATION	09/29/2005	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	09/29/2005	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	09/29/2005	Yes
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	09/29/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	09/29/2005	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	09/29/2005	
83.33(2)(a)	SUPERVISION	09/29/2005	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	09/29/2005	Yes

Survey ID: 0091076 End Date: 09/18/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Community Based Residential Facility
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Enforcement History

Date: 10/07/2004 SOD #10008751 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.06(1)(a)

FORFEITURE---83.11(3)(a)

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(7)(b)

FORFEITURE---83.19(3)(c)

FORFEITURE---83.19(3)(e)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.32(2)(a)5

FORFEITURE---83.33(2)(a)

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Complaint History

Date Complaint Received: 11/22/2004

Date Investigation Completed: 09/29/2005

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/25/2003

Date Investigation Completed: 09/18/2003

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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